

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

EASTERN DISTRICT OF WISCONSIN

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

#### About Debtor 2 (Spouse Only in a Joint Case):

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Milutin**

First name

Middle name

**Jaksic**

Last name and Suffix (Sr., Jr., II, III)

**Michelle**

First name

**R**

Middle name

**Jaksic**

Last name and Suffix (Sr., Jr., II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names.

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-8938**

**xxx-xx-7976**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and  
doing business as names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**5101 Russel Court  
Greendale, WI 53129**

Number, Street, City, State & ZIP Code

**Milwaukee**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.  
☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No  
☐ Yes.
- |                |                           |                             |
|----------------|---------------------------|-----------------------------|
| Debtor _____   | Relationship to you _____ |                             |
| District _____ | When _____                | Case number, if known _____ |
| Debtor _____   | Relationship to you _____ |                             |
| District _____ | When _____                | Case number, if known _____ |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.  
☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☐ No. Go to Part 4.

☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**Domines Deer Processing**

Name of business, if any

**1977 S 71st Street  
Milwaukee, WI 53219**

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☒ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? \_\_\_\_\_

Number, Street, City, State & Zip Code

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts
- \_\_\_\_\_

17. Are you filing under Chapter 7?
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
- ☐ Yes

18. How many Creditors do you estimate that you owe?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
19. How much do you estimate your assets to be worth?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |
20. How much do you estimate your liabilities to be?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                     | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000               | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000              | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input checked="" type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Milutin Jaksic**

**Milutin Jaksic**

Signature of Debtor 1

**/s/ Michelle R Jaksic**

**Michelle R Jaksic**

Signature of Debtor 2

Executed on **July 27, 2018**

MM / DD / YYYY

Executed on **July 27, 2018**

MM / DD / YYYY

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Rollie R. Hanson**

Signature of Attorney for Debtor

Date

**July 27, 2018**  
MM / DD / YYYY

**Rollie R. Hanson**

Printed name

**Law Office of Rollie R. Hanson, S.C.**

Firm name

**6767 W Greenfield Ave**  
**Second Floor**  
**West Allis, WI 53214**

Number, Street, City, State & ZIP Code

Contact phone

**414-321-9733**

Email address

**rollie@hansonlaw.net**

**1011293 WI**

Bar number & State

Official Form 101

Case 18-27253-bek Doc 1 Filed 07/27/18 Page 7 of 89

page 7

**Fill in this information to identify your case:**

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Michelle R Jaksic</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	495,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	29,776.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	524,776.00

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	445,866.00
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	85,030.73
<b>Your total liabilities</b>		<b>\$ 530,896.73</b>

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	4,839.43
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	7,120.00

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.



Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **6,733.23**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>0.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Michelle R Jaksic</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF WISCONSIN</b>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

**5101 Russel Court East**

Street address, if available, or other description

<b>Greendale</b>	<b>WI</b>	<b>53219-0000</b>
City	State	ZIP Code

<b>Milwaukee</b>
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$225,000.00</b>	<b>\$225,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

**Deed of Trust**

☒ Check if this is community property (see instructions)

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

**If you own or have more than one, list here:**

1.2

**3637 S 93rd Street**

Street address, if available, or other description

**Milwaukee WI 53228-0000**

City State ZIP Code

**Milwaukee**

County

**What is the property?** Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$140,000.00**

Current value of the portion you own?

**\$140,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Deed of Trust**

☒ Check if this is community property (see instructions)

1.3

**If you own or have more than one, list here:**

**1975-1977 S 71st Street/7110 W Rogers**

Street address, if available, or other description

**Milwaukee WI 53219-0000**

City State ZIP Code

**Milwaukee**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☒ Other **Commerical Real Estate**

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$130,000.00**

Current value of the portion you own?

**\$130,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$495,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

3.1 Make: **Dodge**  
Model: **Ram**  
Year: **2006**  
Approximate mileage: **160000**  
Other information:

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$4,000.00**

**\$4,000.00**

3.2 Make: **Chrysler**  
Model: **Town and Country**  
Year: **2008**  
Approximate mileage: **100000**  
Other information:

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$5,000.00**

**\$5,000.00**

3.3 Make: **Dodge**  
Model: **Dakota**  
Year: **2000**  
Approximate mileage: **120000**  
Other information:

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$3,000.00**

**\$3,000.00**

3.4 Make: **Dodge**  
Model: **Stratus**  
Year: **1999**  
Approximate mileage: **69000**  
Other information:

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

**Current value of the portion you own?**

**\$2,500.00**

**\$2,500.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

☒ No  
☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$14,500.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
Do not deduct secured

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

claims or exemptions.

**6. Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**6 Televisions(150), 2 DVD Players(40), 1 Personal Electronic(25), 2 Couches(50), 1 Chari(50), 2 Loveseats(40), 4 Tables(40), 2 Lamps(10), 1 Dining Room Table and Chairs(25), 1 Vacuum Cleaner(25), 3 Refrigerators(140), 3 Small Kitchen Appliances(15), 1 Washer(50), 1 Dryer(50), 20 Cooking Utensils(25), 4 Beds(100), 3 Dressers(20), 4 Luggage(30), 1 Laptop Computer(20), 1 Fax Machine(5), 1 Lawn Mower(25), 1 Snow Blower(50),**

**\$985.00**

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**4 Cellphones(140)**

**\$140.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe.....

**1 Sewing Machine(20), 1 Brac Bugarila(200) and Various Tools(400)**

**\$420.00**

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

**6 Hunting Rifles**

**\$400.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Wearing Apparel**

**\$900.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Fine Jewelry(200) and Costume Jewelry(50)**

**\$250.00**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$3,095.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**Cash** **\$200.00**

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

**Educators Credit Union  
PO Box 081040  
Racine, WI 53408**

17.1. **Checking**

**\$100.00**

**Educators Credit Union  
PO Box 081040  
Racine, WI 53408**

17.2. **Savings**

**\$10.00**

**Educators Credit Union  
PO Box 081040  
Racine, WI 53408**

17.3. **Savings**

**\$500.00**

**Educators Credit Union  
PO Box 081040  
Racine, WI 53408**

17.4. **Savings**

**\$10.00**

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

- ☒ No  
☐ Yes. Give specific information about them  
Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No  
☒ Yes. List each account separately.  
Type of account: Institution name:

**401(k)**

**401(k)**

**\$10,180.00**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes. .... Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No  
☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

- ☐ No  
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**2017 Tax Refund**

**Federal**

**\$666.00**

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No  
☐ Yes. Name the insurance company of each policy and list its value.  
Company name:

Beneficiary:

Surrender or refund  
value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No  
☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$11,666.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☐ No. Go to Part 6.  
☒ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☐ No  
☒ Yes. Describe.....

**1 Desk(5) and 1 Printer(10)**

**\$15.00**

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☐ No



Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

☒ Yes. Describe.....

**Tools of Deer Trade**

**\$500.00**

**41. Inventory**

☒ No

☐ Yes. Describe.....

**42. Interests in partnerships or joint ventures**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

**44. Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$515.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

**Part 8:** List the Totals of Each Part of this Form

55.	Part 1: Total real estate, line 2 .....		<b>\$495,000.00</b>
56.	Part 2: Total vehicles, line 5	<b>\$14,500.00</b>	
57.	Part 3: Total personal and household items, line 15	<b>\$3,095.00</b>	
58.	Part 4: Total financial assets, line 36	<b>\$11,666.00</b>	
59.	Part 5: Total business-related property, line 45	<b>\$515.00</b>	
60.	Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61.	Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
62.	Total personal property. Add lines 56 through 61...	<b>\$29,776.00</b>	Copy personal property total <b>\$29,776.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$524,776.00</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Michelle R Jaksic</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
<b>5101 Russel Court East Greendale, WI 53219 Milwaukee County</b> Line from <i>Schedule A/B</i> : 1.1	<b>\$225,000.00</b>	<input checked="" type="checkbox"/> <b>\$65,758.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.20</b>
<b>3637 S 93rd Street Milwaukee, WI 53228 Milwaukee County</b> Line from <i>Schedule A/B</i> : 1.2	<b>\$140,000.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.20</b>
<b>1975-1977 S 71st Street/7110 W Rogers Milwaukee, WI 53219 Milwaukee County</b> Line from <i>Schedule A/B</i> : 1.3	<b>\$130,000.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.20</b>
<b>2006 Dodge Ram 160000 miles</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$4,000.00</b>	<input checked="" type="checkbox"/> <b>\$4,000.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(g)</b>
<b>2008 Chrysler Town and Country 100000 miles</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$5,000.00</b>	<input checked="" type="checkbox"/> <b>\$5,000.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(g)</b>

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2000 Dodge Dakota 120000 miles</b> Line from Schedule A/B: <b>3.3</b>	<b>\$3,000.00</b>	<input checked="" type="checkbox"/> <b>\$3,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(g)</b>
<b>1999 Dodge Stratus 69000 miles</b> Line from Schedule A/B: <b>3.4</b>	<b>\$2,500.00</b>	<input checked="" type="checkbox"/> <b>\$2,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(g)</b>
<b>6 Televisions(150), 2 DVD Players(40), 1 Personal Electronic(25), 2 Couches(50), 1 Chari(50), 2 Loveseats(40), 4 Tables(40), 2 Lamps(10), 1 Dining Room Table and Chairs(25), 1 Vacuum Cleaner(25), 3 Refrigerators(140), 3 Small Kitchen Appliances(15), 1 Wash</b> Line from Schedule A/B: <b>6.1</b>	<b>\$985.00</b>	<input checked="" type="checkbox"/> <b>\$985.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(d)</b>
<b>4 Cellphones(140)</b> Line from Schedule A/B: <b>7.1</b>	<b>\$140.00</b>	<input checked="" type="checkbox"/> <b>\$140.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(d)</b>
<b>1 Sewing Machine(20), 1 Brac Bugarila(200) and Various Tools(400)</b> Line from Schedule A/B: <b>9.1</b>	<b>\$420.00</b>	<input checked="" type="checkbox"/> <b>\$420.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(d)</b>
<b>6 Hunting Riffles</b> Line from Schedule A/B: <b>10.1</b>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(d)</b>
<b>Wearing Apparel</b> Line from Schedule A/B: <b>11.1</b>	<b>\$900.00</b>	<input checked="" type="checkbox"/> <b>\$900.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(d)</b>
<b>Fine Jewelry(200) and Costume Jewelry(50)</b> Line from Schedule A/B: <b>12.1</b>	<b>\$250.00</b>	<input checked="" type="checkbox"/> <b>\$250.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(d)</b>
<b>Cash</b> Line from Schedule A/B: <b>16.1</b>	<b>\$200.00</b>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 20.921(1)(e)</b>
<b>Checking: Educators Credit Union PO Box 081040 Racine, WI 53408</b> Line from Schedule A/B: <b>17.1</b>	<b>\$100.00</b>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(k)</b>

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim  <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Savings: Educators Credit Union</b> <b>PO Box 081040</b> <b>Racine, WI 53408</b> Line from <i>Schedule A/B</i> : <b>17.2</b>	<u>          <b>\$10.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$10.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(k)</b>
<b>Savings: Educators Credit Union</b> <b>PO Box 081040</b> <b>Racine, WI 53408</b> Line from <i>Schedule A/B</i> : <b>17.3</b>	<u>          <b>\$500.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$500.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(k)</b>
<b>Savings: Educators Credit Union</b> <b>PO Box 081040</b> <b>Racine, WI 53408</b> Line from <i>Schedule A/B</i> : <b>17.4</b>	<u>          <b>\$10.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$10.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(k)</b>
<b>401(k): 401(k)</b> Line from <i>Schedule A/B</i> : <b>21.1</b>	<u>          <b>\$10,180.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$10,180.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(j)</b>
<b>Federal: 2017 Tax Refund</b> Line from <i>Schedule A/B</i> : <b>28.1</b>	<u>          <b>\$666.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$666.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 20.921(1)(e)</b>
<b>1 Desk(5) and 1 Printer(10)</b> Line from <i>Schedule A/B</i> : <b>39.1</b>	<u>          <b>\$15.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$15.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 20.921(1)(e)</b>
<b>Tools of Deer Trade</b> Line from <i>Schedule A/B</i> : <b>40.1</b>	<u>          <b>\$500.00</b>          </u>	<input checked="" type="checkbox"/> <u>          <b>\$500.00</b>          </u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Wis. Stat. § 815.18(3)(b)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Michelle R Jaksic</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1	<b>Federal National Mortgage Association</b> <small>Creditor's Name</small>  <b>PO Box 2008</b> <b>Grand Rapids, MI 49501</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>Describe the property that secures the claim:</b> <b>3637 S 93rd Street Milwaukee, WI 53228 Milwaukee County</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage</b>	<b>\$147,624.00</b>	<b>\$140,000.00</b>	<b>\$7,624.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt					
<b>Date debt was incurred</b> <b>2017</b> <b>Last 4 digits of account number</b>					

2.2	<b>Marine Cu</b> <small>Creditor's Name</small>  <b>Po Box 309</b> <b>Fond Du Lac, WI 54936</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>Describe the property that secures the claim:</b> <b>5101 Russel Court East Greendale, WI 53219 Milwaukee County</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$159,242.00</b>	<b>\$225,000.00</b>	<b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					

Debtor 1 **Milutin Jaksic** Case number (if know) \_\_\_\_\_  
First Name Middle Name Last Name  
Debtor 2 **Michelle R Jaksic**  
First Name Middle Name Last Name

Opened  
05/15 Last  
Active  
Date debt was incurred **4/06/18** Last 4 digits of account number **0100**

2.3	National Loan Investors LP	Describe the property that secures the claim:	\$139,000.00	\$130,000.00	\$9,000.00
	Creditor's Name	<b>1975-1977 S 71st Street/7110 W Rogers Milwaukee, WI 53219 Milwaukee County</b>			
	<b>5619 N Classen Blvd Oklahoma City, OK 73118</b>	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Motgage</b>			
	Number, Street, City, State & Zip Code				
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <b>2018</b> Last 4 digits of account number <b>0290</b>					

Add the dollar value of your entries in Column A on this page. Write that number here: **\$445,866.00**  
If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here: **\$445,866.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>BP Peterman Law Group LLC 165 Bishops Way Ste 100 Brookfield, WI 53005</b>	On which line in Part 1 did you enter the creditor? <b>2.3</b> Last 4 digits of account number ____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>BP Peterman Law Group LLC 165 Bishops Way Ste 100 Brookfield, WI 53005</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b> Last 4 digits of account number ____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Metzler, Timm &amp; Releven S.C 222 Cherry Street Green Bay, WI 54301</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b> Last 4 digits of account number ____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Selene Finance 9990 Richmond Ave Ste 400 South Houston, TX 77042</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b> Last 4 digits of account number ____

**Fill in this information to identify your case:**

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Michelle R Jaksic</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>EASTERN DISTRICT OF WISCONSIN</b>		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>Scholastic Magazine</b> Nonpriority Creditor's Name <b>c/o Shaffer &amp; Associates</b> <b>PO Box 1545</b> <b>Columbia, MO 65205</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>5748</b> <b>When was the debt incurred?</b> <b>02/08/2017</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Scholastic Magazines</b>	<b>Total claim</b> <b>\$157.61</b>
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Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.2

**Acs/jp Morgan Chase Ba**

Nonpriority Creditor's Name

**501 Bleecker St  
Utica, NY 13501**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9562**

**Unknown**

**When was the debt incurred?** **Opened 09/07 Last Active 2/11/11**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit card purchases**

4.3

**Affiliated Derm c/o Financial Control**

Nonpriority Creditor's Name

**P.O. Box 668  
Germantown, WI 53022**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9411**

**\$100.00**

**When was the debt incurred?** **10/11/2017**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection for Affiliated Dermatologists**

4.4

**Affiliated Derm c/o Financial Control**

Nonpriority Creditor's Name

**P.O. Box 668  
Germantown, WI 53022**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **385A**

**\$157.15**

**When was the debt incurred?** **10/16/2017**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection for Affiliated Dermatologists**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.5

**Affiliated Dermatologists**

Nonpriority Creditor's Name

**13800 W North Ave  
#100**

**Brookfield, WI 53005**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8502**

**\$162.15**

When was the debt incurred? **09/08/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

4.6

**Aldridge Pite Haan**

Nonpriority Creditor's Name

**PO Box 52815**

**Atlanta, GA 30355**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8329**

**\$519.17**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Froedtert Hospital**

4.7

**Auora HC c/o State Collection Service**

Nonpriority Creditor's Name

**Attention: Bankruptcy**

**Po Box 6250**

**Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1349**

**\$1,880.00**

When was the debt incurred? **Opened 10/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Aurora Health Care**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.8

**Auora Health Care Metro**

Nonpriority Creditor's Name

**PO Box 343910**

**Milwaukee, WI 53215**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1124**

**\$1,872.21**

When was the debt incurred? **02/22/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment**

4.9

**Auoraa HC c/o State Collection Service**

Nonpriority Creditor's Name

**Attention: Bankruptcy**

**Po Box 6250**

**Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7324**

**\$80.00**

When was the debt incurred? **Opened 09/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Aurora Medical Group Inc.**

4.1  
0

**Auoraa HC c/o State Collection Service**

Nonpriority Creditor's Name

**2509 South Stoughton Rd**

**Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9903**

**\$161.34**

When was the debt incurred? **01/23/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for Aurora Health Care**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.1  
1

**Aurora c/o Alliance Collection Agencies**

Nonpriority Creditor's Name  
**3916 S. Business Park Avenue**  
**PO Box 1267**  
**Marshfield, WI 54449-7267**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1289** **\$44.00**

When was the debt incurred? **07/10/2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection For Aurora**

4.1  
2

**Aurora c/o Professional Placement**

Nonpriority Creditor's Name  
**PO Box 612**  
**Milwaukee, WI 53201-0612**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1400** **\$80.51**

When was the debt incurred? **07/12/2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection for Aurora**

4.1  
3

**Aurora HC c/o State Collection Service**

Nonpriority Creditor's Name  
**Attention: Bankruptcy**  
**Po Box 6250**  
**Madison, WI 53716**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **8293** **\$216.00**

When was the debt incurred? **Opened 12/16**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Aurora Medical Group Inc-Anes**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.1  
4

**Aurora Health Care**

Nonpriority Creditor's Name

**PO Box 809418  
Chicago, IL 60680**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6836**

**\$60.00**

When was the debt incurred? **02/08/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

4.1  
5

**Bmo Harris Bank**

Nonpriority Creditor's Name

**Po Box 1111  
Madison, WI 53701**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7805**

**\$5,663.00**

When was the debt incurred? **Opened 05/99 Last Active 7/15/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.1  
6

**Cash-pro Inc**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 5469  
Evansville, IN 47716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5502**

**\$953.00**

When was the debt incurred? **Opened 10/23/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **08 Old National Bank**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.1  
7

**City of Milwaukee**

Nonpriority Creditor's Name

**PO Box 3268**

**Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0300**

**\$492.73**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Utility bills**

4.1  
8

**Comenitybank/meijer**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 182273**

**Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0492**

**\$280.00**

When was the debt incurred? **Opened 11/17 Last Active 5/21/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.1  
9

**Cornerstone Counseling Services**

Nonpriority Creditor's Name

**16535 W. Bluemound Rd.**

**Suite 200**

**Brookfield, WI 53005**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1163**

**\$60.00**

When was the debt incurred? **06/15/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.2  
0

**Dermpath Diagnostics c/o AMCA**

Nonpriority Creditor's Name

**Attention: Bankruptcy  
4 Westchester Plaza, Suite 110  
Elmsford, NY 10523**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0580**

**\$102.00**

When was the debt incurred? **Opened 9/07/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Dermpath Diagnostics**

4.2  
1

**Emergency Medical Associates**

Nonpriority Creditor's Name

**6400 Industrial Loop  
Greendale, WI 53129**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1786**

**\$817.00**

When was the debt incurred? **12/27/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

4.2  
2

**Enterprise Rent A Car**

Nonpriority Creditor's Name

**S17W22650 Lincoln Ave  
Waukesha, WI 53187**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **DLV2**

**\$145.02**

When was the debt incurred? **04/09/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Miscellaneous Merchandise**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.2  
3

**Equifax**

Nonpriority Creditor's Name

**PO Box 4472  
Atlanta, GA 30302**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **For notification purposes**

4.2  
4

**Experian**

Nonpriority Creditor's Name

**Profile Maintenance  
PO Box 9558  
Allen, TX 75013**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **For notification purposes**

4.2  
5

**FBCS**

Nonpriority Creditor's Name

**330 S Warminster Rd  
Ste 353  
Hatboro, PA 19040**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**0EBB**

**\$187.20**

When was the debt incurred?

**01/26/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection**



Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.2  
6

**Foot Ankle Assoc WI c/o  
Americollect**

Nonpriority Creditor's Name

**Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **707A**

**\$152.00**

When was the debt incurred? **Opened 10/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Foot Ankle Associates  
Of Wi**

4.2  
7

**Forefront Dermatology**

Nonpriority Creditor's Name

**Bin 88921  
Milwaukee, WI 53288**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **3275**

**\$100.00**

When was the debt incurred? **07/19/2017**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

4.2  
8

**Froedert and MCW Physicians**

Nonpriority Creditor's Name

**10437 W Innovation Dr  
#123  
Milwaukee, WI 53226**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1314**

**\$989.75**

When was the debt incurred? **2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.2  
9

**Froedert and MCW Physicians**

Nonpriority Creditor's Name  
**10437 W Innovation Dr  
#123  
Milwaukee, WI 53226**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **2663**

**\$60.00**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical bills**

4.3  
0

**Froedert and MCW Physicians**

Nonpriority Creditor's Name  
**10437 W Innovation Dr  
#123  
Milwaukee, WI 53226**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **1314**

**\$90.27**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical bills**

4.3  
1

**Froedert and MCW Physicians**

Nonpriority Creditor's Name  
**10437 W Innovation Dr  
#123  
Milwaukee, WI 53226**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **1314**

**\$1,586.99**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical bills**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.3  
2

**Froedtert Hospital**

Nonpriority Creditor's Name

**PO Box 52815  
Atlanta, GA 30355**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9375**

**\$841.25**

When was the debt incurred? **11/08/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Judgment**

4.3  
3

**Highlander Dermatology**

Nonpriority Creditor's Name

**c/o Financial Control Solutions  
P.O. Box 668  
Germantown, WI 53022**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2539**

**\$96.91**

When was the debt incurred? **06/12/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for Highlander Dermatology**

4.3  
4

**Highlander Dermatology LLC**

Nonpriority Creditor's Name

**2607 N Grandview Blvd  
Ste 125  
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2539**

**\$96.91**

When was the debt incurred? **10/05/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.3  
5

**I.C. System, Inc.**

Nonpriority Creditor's Name

**P.O. Box 64378**

**Saint Paul, MN 55164-0886**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0035**

**\$274.73**

When was the debt incurred? **03/17/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection AT&T Midwest**

4.3  
6

**Ikar J. Kalogjera MD**

Nonpriority Creditor's Name

**Adult and Child Psychiatry**

**1220 Dewey Ave**

**Milwaukee, WI 53213**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Jaksic**

**\$1,700.00**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

4.3  
7

**Illinois Tollway**

Nonpriority Creditor's Name

**PO Box 5201**

**Lisle, IL 60532-5201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7160**

**\$434.10**

When was the debt incurred? **06/05/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Traffic Violation**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.3  
8

**Illinois Tollway**

Nonpriority Creditor's Name

**PO Box 5201**

**Lisle, IL 60532-5201**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **1205**

**\$152.60**

When was the debt incurred? **06/12/2018**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Traffic Violation**

4.3  
9

**Illinois Tollway**

Nonpriority Creditor's Name

**PO Box 5201**

**Lisle, IL 60532-5201**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **2402**

**\$262.70**

When was the debt incurred? **05/15/2018**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Traffic Violation**

4.4  
0

**Illinois Tollway**

Nonpriority Creditor's Name

**PO Box 5201**

**Lisle, IL 60532-5201**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **7937**

**\$88.40**

When was the debt incurred? **03/23/2018**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Traffic Violation**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.4  
1

**Illinois Tollway**

Nonpriority Creditor's Name

**PO Box 5201  
Lisle, IL 60532-5201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0795**

**\$218.40**

When was the debt incurred? **05/11/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Traffic Violation**

4.4  
2

**Illinois Tollway**

Nonpriority Creditor's Name

**c/o Harris & Harris  
Chicago, IL 60604**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8063**

**\$288.40**

When was the debt incurred? **05/07/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for IL Tollway**

4.4  
3

**IRS**

Nonpriority Creditor's Name

**P.O. Box 7346  
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **For notification purposes**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.4  
4

**JTM Capital Management LLC**

Nonpriority Creditor's Name

**210 John Glenn Dr  
#3  
Buffalo, NY 14228**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2027**

**\$2,093.46**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection**

4.4  
5

**Kubicki Counseling Inc**

Nonpriority Creditor's Name

**1025 Moreland Rd  
Ste 403  
Brookfield, WI 53005**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **Jaksic**

**\$187.46**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

4.4  
6

**LVNV Funding LLC**

Nonpriority Creditor's Name

**c/o Messerli & Kramer PA  
3033 Campus Drive Suite 250  
Minneapolis, MN 55441**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4536**

**\$3,208.05**

When was the debt incurred? **08/07/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.4  
7

**LVNV Funding/Resurgent Capital**

Nonpriority Creditor's Name

**Po Box 10497  
Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0028**

**\$3,438.00**

When was the debt incurred? **Opened 01/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Capital One  
N.A. Menards Inte**

4.4  
8

**Medical College of WI c/o  
Americollect**

Nonpriority Creditor's Name

**Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6803**

**\$213.00**

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Medical College Of  
Wisconsin**

4.4  
9

**Medical College of WI c/o  
Americollect**

Nonpriority Creditor's Name

**Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1202**

**\$55.00**

When was the debt incurred? **Opened 01/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Medical College Of  
Wisconsin**



Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.5  
0

**Medical College Physicians**

Nonpriority Creditor's Name

**PO Box 13308  
Milwaukee, WI 53213-0308**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1314**

**\$1,656.99**

When was the debt incurred? **05/19/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical bills**

4.5  
1

**Medved c/o Financial Control Solutions**

Nonpriority Creditor's Name

**P.O. Box 668  
Germantown, WI 53022**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **981A**

**\$300.00**

When was the debt incurred? **05/09/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collectionfor Medved Ent S.C.**

4.5  
2

**MH Imaging c/o State Collection Service**

Nonpriority Creditor's Name

**Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9114**

**\$272.00**

When was the debt incurred? **Opened 01/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Mh Imaging Milwaukee Llc**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.5  
3

**Midland Funding**

Nonpriority Creditor's Name  
**2365 Northside Dr Ste 300  
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9927**

**\$7,367.00**

When was the debt incurred? **Opened 04/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Comenity Bank**

4.5  
4

**Midland Funding LLC**

Nonpriority Creditor's Name  
**8875 Aero Drive  
Suite 200  
San Diego, CA 92123**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9405**

**\$5,897.45**

When was the debt incurred? **12/23/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection action/Judgment**

4.5  
5

**Midland Funding LLC**

Nonpriority Creditor's Name  
**2365 Northside Dr  
Suite 300  
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3156**

**\$7,223.56**

When was the debt incurred? **Opened 05/15 Last Active 4/06/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.5  
6

**Milwaukee Public Schools**

Nonpriority Creditor's Name

**Attn Dept of Finance, Room 160  
PO Box 2181  
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4053**

**\$1,941.44**

When was the debt incurred? **01/19/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Overpayment**

4.5  
7

**Milwaukee Transport Services, Inc.**

Nonpriority Creditor's Name

**1942 N. 17th Street  
Milwaukee, WI 53205-1697**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4330**

**\$8,840.00**

When was the debt incurred? **02/12/2010**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection action/Judgment**

4.5  
8

**Moreland Medical Center  
Laboratory**

Nonpriority Creditor's Name

**1111 Delafield Street  
Suite 301  
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8315**

**\$15.03**

When was the debt incurred? **03/22/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.5  
9

**New Berlin Fire Department**

Nonpriority Creditor's Name

**9401 W Brown Deer Rd  
Ste 101**

**Milwaukee, WI 53224**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0488**

**\$336.40**

When was the debt incurred? **05/23/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

4.6  
0

**Optimum Outcomes, Inc**

Nonpriority Creditor's Name

**2651 Warrenville Rd Ste 500  
Downers Grove, IL 60515**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2426**

**\$150.00**

When was the debt incurred? **Opened 09/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Froedtert Hospital**

4.6  
1

**Orthopaedic Asso c/o State  
Collection**

Nonpriority Creditor's Name

**Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6866**

**\$202.00**

When was the debt incurred? **Opened 12/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Orthopaedic  
Associates Of Wisc**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.6  
2

**Orthopaedic Assoc c/o State  
Collection**

Nonpriority Creditor's Name

**Attention: Bankruptcy  
Po Box 6250**

**Madison, WI 53716**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **6867**

**\$202.00**

When was the debt incurred? **Opened 12/16**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Orthopaedic Associates Of Wisc**

4.6  
3

**Paskin & Oberwetter**

Nonpriority Creditor's Name

**PO Box 151  
Madison, WI 53701**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **0127**

**\$1,734.57**

When was the debt incurred? **02/01/2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Oral & Maxillofacial Surgery Consultants**

4.6  
4

**Peter B King**

Nonpriority Creditor's Name

**PO Box 374  
Fontana, WI 53125**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **3309**

**\$1,372.28**

When was the debt incurred? **01/05/2018**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Orthopaedic Surgery Center**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.6  
5

**Popcare c/o Americollect Inc**

Nonpriority Creditor's Name

**Po Box 1690  
Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9067**

**\$100.00**

When was the debt incurred? **11/11/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Popcare LLC**

4.6  
6

**Popcare c/o Americollect Inc**

Nonpriority Creditor's Name

**Po Box 1690  
Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **939A**

**\$35.00**

When was the debt incurred? **1/23/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Popcare LLC**

4.6  
7

**Portfolio Recovery**

Nonpriority Creditor's Name

**Po Box 41067  
Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0242**

**\$5,141.00**

When was the debt incurred? **Opened 06/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Factoring Company Account Citibank N.A.**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.6  
8

**Professional Placement Services**

Nonpriority Creditor's Name

**PO Box 612  
Milwaukee, WI 53201-0612**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **3325**

**\$36.83**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection for Aurora Health Care**

4.6  
9

**Prohealth c/o State Collection Service**

Nonpriority Creditor's Name

**Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8763**

**\$106.00**

When was the debt incurred? **Opened 12/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Prohealthcare Medical Associat**

4.7  
0

**Prohealth c/o State Collection Service**

Nonpriority Creditor's Name

**2509 South Stoughton Rd  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7389**

**\$136.40**

When was the debt incurred? **11/11/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection ProHealth Care**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.7  
1

**Prohealth c/o State Collection Service**

Nonpriority Creditor's Name

**2509 South Stoughton Rd  
Madison, WI 53716**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **1122**

**\$144.59**

When was the debt incurred? **02/17/2018**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection ProHealth Care**

4.7  
2

**ProHealth Care**

Nonpriority Creditor's Name

**PO Box 3166  
Milwaukee, WI 53201**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **0032**

**\$130.00**

When was the debt incurred? **04/25/2018**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

4.7  
3

**Radiology Waukesha c/o Oac**

Nonpriority Creditor's Name

**P.O. Box 500  
Baraboo, WI 53913**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

☒ No

☐ Yes

Last 4 digits of account number **5326**

**\$73.93**

When was the debt incurred? **04/04/2018**

**As of the date you file, the claim is:** Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**Type of NONPRIORITY unsecured claim:**

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Radiology Waukesha SC**



Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.7  
4

**Retrieval-Masters Creditors Bureau, Inc**

Nonpriority Creditor's Name  
**4 Westchester Plaza  
Suite 110  
Elmsford, NY 10523**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9556**

**\$67.84**

When was the debt incurred? **12/08/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection X Out Products**

4.7  
5

**Rise**

Nonpriority Creditor's Name  
**Attn: Bankruptcy  
Oi Box 101808  
Fort Worth, TX 76185**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9728**

**\$1,503.00**

When was the debt incurred? **Opened 11/01/17 Last Active 3/22/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Unsecured**

4.7  
6

**Speedy Cash C/O AD Astra**

Nonpriority Creditor's Name  
**7330 W 33rd St N.  
Wichita, KS 67205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9573**

**\$806.56**

When was the debt incurred? **05/2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Personal loan**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.7  
7

**State Collection Service Inc**

Nonpriority Creditor's Name

**2509 South Stoughton Rd  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5005**

**\$438.13**

When was the debt incurred? **02/17/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.7  
8

**The Orthopaedic Surgery Center**

Nonpriority Creditor's Name

**c/o United Credit Service  
Po Box 740  
Elkhorn, WI 53121**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0020**

**\$1,371.00**

When was the debt incurred? **Opened 12/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney The Orthopaedic Surgery Center**

4.7  
9

**Trans Union Corporation**

Nonpriority Creditor's Name

**Attn: Public Records Department  
555 West Adams Street  
Chicago, IL 60661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **For notification purposes**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.8  
0

**Transworld Systems Inc**

Nonpriority Creditor's Name

**2135 E Primrose**

**Suite Q**

**Springfield, MO 65804**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4007**

**\$10.61**

When was the debt incurred? **07/11/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for Ameripath Wisconsin**

4.8  
1

**Washtenaw UrgentCare c/o Donald Conrad**

Nonpriority Creditor's Name

**31077 Schoolcraft Rd**

**Ste 220**

**Livonia, MI 48150**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0777**

**\$35.00**

When was the debt incurred? **10/25/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Washtenaw Urgent Care**

4.8  
2

**Waukesha Behavioral c/o State Collection**

Nonpriority Creditor's Name

**Attention: Bankruptcy**

**Po Box 6250**

**Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0286**

**\$119.00**

When was the debt incurred? **Opened 09/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Waukesha Behavioral Medicine C**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.8  
3

**Waukehsa Hospital c/o State  
Collection**

Nonpriority Creditor's Name

**2509 South Stoughton Rd  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7598**

**\$35.17**

When was the debt incurred? **10/09/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Waukesha Hospital Inc**

4.8  
4

**Waukesha Behavioral c/o State  
Collection**

Nonpriority Creditor's Name

**2509 South Stoughton Rd  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8546**

**\$154.50**

When was the debt incurred? **01/24/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Waukesha Behavioral Medicine Center**

4.8  
5

**Waukesha Memorial c/o State  
Collection**

Nonpriority Creditor's Name

**2509 South Stoughton Rd  
Madison, WI 53716**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4317**

**\$3,042.69**

When was the debt incurred? **04/23/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Waukesha Memorial Hospital**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.8  
6

**WE Energies**

Nonpriority Creditor's Name

**P.O. Box 2089  
Milwaukee, WI 53201-2089**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **7122**

**\$730.75**

When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Utility bills**

4.8  
7

**Wheaton Franciscan Healthcare**

Nonpriority Creditor's Name

**c/o Americollect  
PO Box 1566  
Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1978**

**\$2,287.60**

When was the debt incurred? **11/07/2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Judgment**

4.8  
8

**Wheaton Francscan c/o  
Americollect**

Nonpriority Creditor's Name

**Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **4560**

**\$150.00**

When was the debt incurred? **Opened 06/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Wheaton Franciscan - Saint Fra**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.8  
9

**Wheaton Fransican c/o  
Americollect**

Nonpriority Creditor's Name

**Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **8433**

**\$18.00**

**Opened 05/16 Last Active**

When was the debt incurred? **10/02/17**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Wheaton Franciscan - Saint Fra**

4.9  
0

**Wisconsin Department of Revenue**

Nonpriority Creditor's Name

**Box 93208  
Milwaukee, WI 53293**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **For notification purposes**

4.9  
1

**Wisconsin Diagnostic Laboratories**

Nonpriority Creditor's Name

**P.O. box 78055  
Milwaukee, WI 53278-8055**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **4370**

**\$11.99**

When was the debt incurred? **05/08/2017**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

4.9  
2

**Wisconsin Diagnostic Laboratories**

Last 4 digits of account number **2331**

**\$15.95**

Nonpriority Creditor's Name

**P.O. box 78055**

**Milwaukee, WI 53278-8055**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **08/16/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical bills**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Americollect**

**814 S. 8th Street**

**P.O. Box 1566**

**Manitowoc, WI 54221-1566**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.87** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1978**

Name and Address

**Annemarie Dorothy Case**

**123 Fairfield Lane**

**Milwaukee, WI 53202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9375**

Name and Address

**Aurora Health Care**

**PO Box 343910**

**Milwaukee, WI 53215**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**1124**

Name and Address

**Bilka Law Office**

**935 s 8th Street Ste 202**

**Manitowoc, WI 54220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.87** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Froedtert Hospital**

**PO Box 52815**

**Atlanta, GA 30355**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9375**

Name and Address

**Heuer Law Offices SC**

**9312 W. National Ave**

**Milwaukee, WI 53227**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Kohn Law Firm c/o Joseph Johnson**

**312 East Wisconsin Avenue #501**

**Milwaukee, WI 53202-4305**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims



Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if know) \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Levy & Levy**  
**Attorneys at Law**  
**N61 W6058 Columbia Road**  
**PO Box 127**  
**Cedarburg, WI 53012**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**LVNV Funding LLC**  
**c/o Messerli & Kramer PA**  
**3033 Campus Drive Suite 250**  
**Minneapolis, MN 55441**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4536**

Name and Address

**Messerli & Kramer**  
**Attorneys at Law**  
**3033 Campus Drive**  
**Suite 250**  
**Plymouth, MN 55441**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Midland Funding LLC**  
**2365 Northside Dr**  
**Suite 300**  
**San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**von Briesen & Roper, S.C.**  
**Attorney Doris E. Brosnan**  
**411 East Wisconsin Avenue, Ste.**  
**700**  
**PO Box 3262**  
**Milwaukee, WI 53201-3262**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>0.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>85,030.73</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>85,030.73</u>



**Fill in this information to identify your case:**

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Michelle R Jaksic</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	
Name	
Number Street	
City State ZIP Code	
2.2	
Name	
Number Street	
City State ZIP Code	
2.3	
Name	
Number Street	
City State ZIP Code	
2.4	
Name	
Number Street	
City State ZIP Code	
2.5	
Name	
Number Street	
City State ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	<b>Milutin Jaksic</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Michelle R Jaksic</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
- ☐ No  
☒ Yes.

In which community state or territory did you live? -NONE- . Fill in the name and current address of that person.

\_\_\_\_\_  
Name of your spouse, former spouse, or legal equivalent  
Number, Street, City, State & Zip Code

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street State ZIP Code  
City

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

**3.2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street State ZIP Code  
City

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Milutin Jaksic

Debtor 2 Michelle R Jaksic  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed  
☐ Not employed

Occupation

Machinist

Employer's name

Trace-A-Matic

Employer's address

21125 Enterprise Ave  
Brookfield, WI 53045

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

On-Call Substitute Teacher

Teachers On Call, A Kelly Services Co

3001 Metro Drive, Suite 200  
Minneapolis, MN 55425

How long employed there?

33 Years

6 Months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,633.38</u>	\$ <u>205.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,633.38</u>	\$ <u>205.00</u>

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ <b>6,633.38</b>	\$ <b>205.00</b>	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>1,224.04</b>	\$ <b>15.68</b>	
5b. Mandatory contributions for retirement plans	5b. \$ <b>433.33</b>	\$ <b>0.00</b>	
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>	
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>	
5e. Insurance	5e. \$ <b>782.90</b>	\$ <b>0.00</b>	
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>	
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>2,440.27</b>	\$ <b>15.68</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>4,193.11</b>	\$ <b>189.32</b>	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>457.00</b>	\$ <b>0.00</b>	
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>457.00</b>	\$ <b>0.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>4,650.11</b>	+ \$ <b>189.32</b> = \$ <b>4,839.43</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. +\$ <b>0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ <b>4,839.43</b> <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>Joint Debtor is an On Call Substitutue Teacher who works sporatically. Numbers used for Schedule I were the numbers averaged from the Means Test.</b>			

Fill in this information to identify your case:

Debtor 1 Milutin Jaksic

Debtor 2 Michelle R Jaksic  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

17

☐ No

☒ Yes

Son

19

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,935.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>700.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>200.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>640.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>700.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>200.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>30.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>100.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>100.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>340.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>950.00</u>
20b. Real estate taxes	20b. \$ <u>425.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>100.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>100.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <u>7,120.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>7,120.00</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>4,839.43</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>7,120.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-2,280.57</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

**Fill in this information to identify your case:**

Debtor 1 **Milutin Jaksic**  
First Name Middle Name Last Name

Debtor 2 **Michelle R Jaksic**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Milutin Jaksic  
**Milutin Jaksic**  
Signature of Debtor 1

Date July 27, 2018

X /s/ Michelle R Jaksic  
**Michelle R Jaksic**  
Signature of Debtor 2

Date July 27, 2018

**Fill in this information to identify your case:**

Debtor 1 **Milutin Jaksic**  
First Name Middle Name Last Name

Debtor 2 **Michelle R Jaksic**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

**Debtor 1 Prior Address:****Dates Debtor 1 lived there****Debtor 2 Prior Address:****Dates Debtor 2 lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☐ No  
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:****Debtor 1****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)**\$43,844.75**☒ Wages, commissions, bonuses, tips☐ Operating a business**Debtor 2****Sources of income**  
Check all that apply.**Gross income**  
(before deductions and exclusions)**\$820.00**☒ Wages, commissions, bonuses, tips☐ Operating a business



	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$115,127.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$85,636.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
LVNV Funding LLC c/o Merrerli & Kramer Pa vs. Michelle Jaksic 2017-SC-24536	SMALL CLAIMS JUDGMENT	MILWAUKEE CIRCUIT COURT-MILWAUKEE	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Judgment for \$3,208.05			
Midland Funding Llc vs MILUTIN JAKSIC 18SC003156 2018-SC-003156	Small Claims Judgment	MILWAUKEE CIRCUIT COURT-MILWAUKEE	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Judgment for \$7,223.56			
Aurora Healthcare Metro Inc vs. Michelle R. Jaksic 2017-SC-31124	Small Claims Judgment	Milwaukee County Courthouse 901 N. 9th Street Milwaukee, WI 53233	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Judgment for \$1,872.21			
Wheaton Franciscan Healthcare Souteast WI Inc. vs. Michelle R. Jaksic 2016-SC-31978	Small Claims Judgment	Milwaukee County Courthouse 901 N. 9th Street Milwaukee, WI 53233	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Judgment for \$2,287.60			
National Loan Investors, L.P vs. Milutin Jaksic et al 2018-CV-2412	Foreclosure of Mortgage	Milwaukee County Courthouse 901 N. 9th Street Milwaukee, WI 53233	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>Federal National Mortgage Association vs. Michelle R. Jaksic et al</b> <b>2017-CV-1116</b>	<b>Foreclosure of Mortgage</b>	<b>Milwaukee County Courthouse</b> <b>901 N. 9th Street</b> <b>Milwaukee, WI 53233</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Judgment on Mortgage</b>			
<b>Froedtert Hospital vs. Michelle Jaksic</b> <b>2017-SC-19375</b>	<b>Small Claims Judgment</b>	<b>Milwaukee County Courthouse</b> <b>901 N. 9th Street</b> <b>Milwaukee, WI 53233</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Judgement entered</b> <b>11/08/2017 for \$841.25</b>			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
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**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Law Office of Rollie R. Hanson, S.C. 6767 W Greenfield Ave Second Floor West Allis, WI 53214 rollie@hansonlaw.net	Attorney Fees, Filing Fee and Credit Report Fee	\$200 on 05/04/2018, \$3201 on 05/24/2018	\$3,401.00
Dollar Learning Foundation, Inc. 21550 Oxnard Street 3rd Floor PMB #001 Woodland Hills, CA 91367 www.dollarbk.org	Credit Counseling	05/13/2018	\$20.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	---	--	------------------------

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Old National Bank PO Box 5469 Evansville, IN 47705	XXXX-0930	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	11/7/2017	\$954.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

**Part 10:** Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
Domines Deer Processing 1977 S 71st Street Milwaukee, WI 53219	Deer Processing  Michelle Jaksic	EIN: 20-11-86781  From-To 2000-2018

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Date Issued

Address

(Number, Street, City, State and ZIP Code)

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Milutin Jaksic

/s/ Michelle R Jaksic

**Milutin Jaksic**

**Michelle R Jaksic**

Signature of Debtor 1

Signature of Debtor 2

Date July 27, 2018

Date July 27, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Milutin Jaksic

Debtor 2 Michelle R Jaksic  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Wisconsin

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 6,139.57	\$ 136.66
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 1,350.00	
Ordinary and necessary operating expenses	-\$ 893.00	
Net monthly income from a business, profession, or farm	\$ 457.00	
	Copy here -> \$ 457.00	\$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental and other real property	\$ 0.00	
	Copy here -> \$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00



	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b> Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you _____ \$ <b>0.00</b> For your spouse _____ \$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. _____ _____ Total amounts from separate pages, if any.	\$ <b>0.00</b> \$ <b>0.00</b> + \$ <b>0.00</b>	\$ <b>0.00</b> \$ <b>0.00</b> \$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>6,596.57</b>	+ \$ <b>136.66</b> = \$ <b>6,733.23</b>
		Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 \_\_\_\_\_ **Copy line 11 here=>** \$ **6,733.23**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form 12b. \$ **80,798.76**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **WI**

Fill in the number of people in your household. **4**

Fill in the median family income for your state and size of household. 13. \$ **95,492.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Milutin Jaksic**

**Milutin Jaksic**  
Signature of Debtor 1

Date **July 27, 2018**  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**X /s/ Michelle R Jaksic**

**Michelle R Jaksic**  
Signature of Debtor 2

Date **July 27, 2018**  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1 **Milutin Jaksic**  
First Name Middle Name Last Name

Debtor 2 **Michelle R Jaksic**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF WISCONSIN**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>Federal National Mortgage Association</b>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>3637 S 93rd Street Milwaukee, WI 53228 Milwaukee County</b>		
Creditor's name: <b>Marine Cu</b>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>5101 Russel Court East Greendale, WI 53219 Milwaukee County</b>		
Creditor's name: <b>National Loan Investors LP</b>	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <b>1975-1977 S 71st Street/7110 W Rogers Milwaukee, WI 53219</b>		

Debtor 1 **Milutin Jaksic**  
Debtor 2 **Michelle R Jaksic**

Case number (if known) \_\_\_\_\_

property **Milwaukee County**  
securing debt: \_\_\_\_\_

☐ Retain the property and [explain]: \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases**

**Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

Lessor's name:

☐ No

Description of leased

Property:

☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Milutin Jaksic

**Milutin Jaksic**

Signature of Debtor 1

X /s/ Michelle R Jaksic

**Michelle R Jaksic**

Signature of Debtor 2

Date July 27, 2018

Date July 27, 2018

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

## Chapter 7: Liquidation

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their debts  
and who are willing to allow their nonexempt  
property to be used to pay their creditors. The  
primary purpose of filing under chapter 7 is to have  
your debts discharged. The bankruptcy discharge  
relieves you after bankruptcy from having to pay  
many of your pre-bankruptcy debts. Exceptions exist  
for particular debts, and liens on property may still  
be enforced after discharge. For example, a creditor  
may have the right to foreclose a home mortgage or  
repossess an automobile.

However, if the court finds that you have committed  
certain kinds of improper conduct described in the  
Bankruptcy Code, the court may deny your  
discharge.

You should know that even if you file chapter 7 and  
you receive a discharge, some debts are not  
discharged under the law. Therefore, you may still  
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement  
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.



**United States Bankruptcy Court**  
**Eastern District of Wisconsin**

In re **Milutin Jaksic**  
**Michelle R Jaksic**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>3,000.00</b>
Prior to the filing of this statement I have received .....	\$	<b>3,000.00</b>
Balance Due .....	\$	<b>0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 27, 2018**

*Date*

**/s/ Rollie R. Hanson**

**Rollie R. Hanson**

*Signature of Attorney*

**Law Office of Rollie R. Hanson, S.C.**

**6767 W Greenfield Ave**

**Second Floor**

**West Allis, WI 53214**

**414-321-9733 Fax: 414-321-9601**

**rollie@hansonlaw.net**

*Name of law firm*



**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Milutin Jaksic**  
**Michelle R Jaksic**

Debtor(s)

Case No.  
Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **July 27, 2018**

**/s/ Milutin Jaksic**

**Milutin Jaksic**

Signature of Debtor

Date: **July 27, 2018**

**/s/ Michelle R Jaksic**

**Michelle R Jaksic**

Signature of Debtor

Scholastic Magazine  
c/o Shaffer & Associates  
PO Box 1545  
Columbia, MO 65205

Acs/jp Morgan Chase Ba  
501 Bleecker St  
Utica, NY 13501

Affiliated Derm c/o Financial Control  
P.O. Box 668  
Germantown, WI 53022

Affiliated Dermatologists  
13800 W North Ave  
#100  
Brookfield, WI 53005

Aldridge Pite Haan  
PO Box 52815  
Atlanta, GA 30355

Americollect  
814 S. 8th Street  
P.O. Box 1566  
Manitowoc, WI 54221-1566

Annemarie Dorothy Case  
123 Fairfield Lane  
Milwaukee, WI 53202

Auora HC c/o State Collection Service  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Auora Health Care Metro  
PO Box 343910  
Milwaukee, WI 53215

Auoroa HC c/o State Collection Service  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Auoroa HC c/o State Collection Service  
2509 South Stoughton Rd  
Madison, WI 53716

Aurora c/o Alliance Collection Agencies  
3916 S. Business Park Avenue  
PO Box 1267  
Marshfield, WI 54449-7267

Aurora c/o Professional Placement  
PO Box 612  
Milwaukee, WI 53201-0612

Aurora HC c/o State Collection Service  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Aurora Health Care  
PO Box 809418  
Chicago, IL 60680

Aurora Health Care  
PO Box 343910  
Milwaukee, WI 53215

Bilka Law Office  
935 s 8th Street Ste 202  
Manitowoc, WI 54220

Bmo Harris Bank  
Po Box 1111  
Madison, WI 53701

BP Peterman Law Group LLC  
165 Bishops Way Ste 100  
Brookfield, WI 53005

Cash-pro Inc  
Attn: Bankruptcy  
Po Box 5469  
Evansville, IN 47716

City of Milwaukee  
PO Box 3268  
Milwaukee, WI 53201

Comenitybank/meijer  
Attn: Bankruptcy  
Po Box 182273  
Columbus, OH 43218

Cornerstone Counseling Services  
16535 W. Bluemound Rd.  
Suite 200  
Brookfield, WI 53005

Dermopath Diagnostics c/o AMCA  
Attention: Bankruptcy  
4 Westchester Plaza, Suite 110  
Elmsford, NY 10523

Emergency Medical Associates  
6400 Industrial Loop  
Greendale, WI 53129

Enterprise Rent A Car  
S17W22650 Lincoln Ave  
Waukesha, WI 53187

Equifax  
PO Box 4472  
Atlanta, GA 30302

Experian  
Profile Maintenance  
PO Box 9558  
Allen, TX 75013

FBCS  
330 S Warminster Rd  
Ste 353  
Hatboro, PA 19040

Federal National Mortgage Association  
PO Box 2008  
Grand Rapids, MI 49501

Foot Ankle Assoc WI c/o Americollect  
Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221

Forefront Dermatology  
Bin 88921  
Milwaukee, WI 53288

Froedert and MCW Physicians  
10437 W Innovation Dr  
#123  
Milwaukee, WI 53226

Froedtert Hospital  
PO Box 52815  
Atlanta, GA 30355

Heuer Law Offices SC  
9312 W. National Ave  
Milwaukee, WI 53227

Highlander Dermatology  
c/o Financial Control Solutions  
P.O. Box 668  
Germantown, WI 53022

Highlander Dermatology LLC  
2607 N Grandview Blvd  
Ste 125  
Waukesha, WI 53188

I.C. System, Inc.  
P.O. Box 64378  
Saint Paul, MN 55164-0886

Ikar J. Kalogjera MD  
Adult and Child Psychiatry  
1220 Dewey Ave  
Milwaukee, WI 53213

Illinois Tollway  
PO Box 5201  
Lisle, IL 60532-5201

Illinois Tollway  
c/o Harris & Harris  
Chicago, IL 60604

IRS  
P.O. Box 7346  
Philadelphia, PA 19101-7346

JTM Capital Management LLC  
210 John Glenn Dr  
#3  
Buffalo, NY 14228

Kohn Law Firm c/o Joseph Johnson  
312 East Wisconsin Avenue #501  
Milwaukee, WI 53202-4305

Kubicki Counseling Inc  
1025 Moreland Rd  
Ste 403  
Brookfield, WI 53005

Levy & Levy  
Attorneys at Law  
N61 W6058 Columbia Road  
PO Box 127  
Cedarburg, WI 53012

LVNV Funding LLC  
c/o Messerli & Kramer PA  
3033 Campus Drive Suite 250  
Minneapolis, MN 55441

LVNV Funding/Resurgent Capital  
Po Box 10497  
Greenville, SC 29603

Marine Cu  
Po Box 309  
Fond Du Lac, WI 54936

Medical College of WI c/o Americollect  
Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221

Medical College Physicians  
PO Box 13308  
Milwaukee, WI 53213-0308

Medved c/o Financial Control Solutions  
P.O. Box 668  
Germantown, WI 53022

Messerli & Kramer  
Attorneys at Law  
3033 Campus Drive  
Suite 250  
Plymouth, MN 55441

Metzler, Timm & Releven S.C  
222 Cherry Street  
Green Bay, WI 54301

MH Imaging c/o State Collection Service  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Midland Funding  
2365 Northside Dr Ste 300  
San Diego, CA 92108

Midland Funding LLC  
8875 Aero Drive  
Suite 200  
San Diego, CA 92123

Midland Funding LLC  
2365 Northside Dr  
Suite 300  
San Diego, CA 92108

Milwaukee Public Schools  
Attn Dept of Finance, Room 160  
PO Box 2181  
Milwaukee, WI 53201

Milwaukee Transport Services, Inc.  
1942 N. 17th Street  
Milwaukee, WI 53205-1697

Moreland Medical Center Laboratory  
1111 Delafield Street  
Suite 301  
Waukesha, WI 53188

National Loan Investors LP  
5619 N Classen Blvd  
Oklahoma City, OK 73118

New Berlin Fire Department  
9401 W Brown Deer Rd  
Ste 101  
Milwaukee, WI 53224

Optimum Outcomes, Inc  
2651 Warrenville Rd Ste 500  
Downers Grove, IL 60515

Orthopaedic Asso c/o State Collection  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Orthopaedic Assoc c/o State Collection  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Paskin & Oberwetter  
PO Box 151  
Madison, WI 53701

Peter B King  
PO Box 374  
Fontana, WI 53125

Popcare c/o Americollect Inc  
Po Box 1690  
Manitowoc, WI 54221

Portfolio Recovery  
Po Box 41067  
Norfolk, VA 23541

Professional Placement Services  
PO Box 612  
Milwaukee, WI 53201-0612

Prohealth c/o State Collection Service  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Prohealth c/o State Collection Service  
2509 South Stoughton Rd  
Madison, WI 53716

ProHealth Care  
PO Box 3166  
Milwaukee, WI 53201

Radiology Waukesha c/o Oac  
P.O. Box 500  
Baraboo, WI 53913

Retrieval-Masters Creditors Bureau, Inc  
4 Westchester Plaza  
Suite 110  
Elmsford, NY 10523

Rise  
Attn: Bankruptcy  
Oj Box 101808  
Fort Worth, TX 76185

Selene Finance  
9990 Richmond Ave  
Ste 400 South  
Houston, TX 77042

Speedy Cash C/O AD Astra  
7330 W 33rd St N.  
Wichita, KS 67205

State Collection Service Inc  
2509 South Stoughton Rd  
Madison, WI 53716

The Orthopaedic Surgery Center  
c/o United Credit Service  
Po Box 740  
Elkhorn, WI 53121

Trans Union Corporation  
Attn: Public Records Department  
555 West Adams Street  
Chicago, IL 60661

Transworld Systems Inc  
2135 E Primrose  
Suite Q  
Springfield, MO 65804

von Briesen & Roper, S.C.  
Attorney Doris E. Brosnan  
411 East Wisconsin Avenue, Ste. 700  
PO Box 3262  
Milwaukee, WI 53201-3262



Washtenaw UrgentCare c/o Donald Conrad  
31077 Schoolcraft Rd  
Ste 220  
Livonia, MI 48150

Wauhesha Behavioral c/o State Collection  
Attention: Bankruptcy  
Po Box 6250  
Madison, WI 53716

Waukesha Hospital c/o State Collection  
2509 South Stoughton Rd  
Madison, WI 53716

Waukesha Behavioral c/o State Collection  
2509 South Stoughton Rd  
Madison, WI 53716

Waukesha Memorial c/o State Collection  
2509 South Stoughton Rd  
Madison, WI 53716

WE Energies  
P.O. Box 2089  
Milwaukee, WI 53201-2089

Wheaton Franciscan Healthcare  
c/o Americollect  
PO Box 1566  
Manitowoc, WI 54221

Wheaton Franciscan c/o Americollect  
Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221

Wheaton Franciscan c/o Americollect  
Po Box 1566  
1851 South Alverno Road  
Manitowoc, WI 54221

Wisconsin Department of Revenue  
Box 93208  
Milwaukee, WI 53293

Wisconsin Diagnostic Laboratories  
P.O. box 78055  
Milwaukee, WI 53278-8055